

Application Data Sheet

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: RECONFIGURABLE MODULAR MICROFLUIDIC
SYSTEM AND METHOD OF FABRICATION

Attorney Docket Number:: KNX-19

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 7

Small Entity?: Yes

Petition included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Correspondence Information

Correspondence Customer Number:: 020808

Phone Number:: 607-256-2000

Fax Number:: 607-256-3628

E-Mail address:: vanleeuwen@bpmlegal.com

Representative Information

Representative Customer Number:: 020808

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date:
	Non-provisional o	60/470,760	05/15/2003

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Kionix, Inc.
Street of mailing address::	36 Thornwood Drive
City of mailing address::	Ithaca
State or Province of mailing address::	New York
Country of mailing address::	USA
Postal or Zip Code of mailing address::	14850

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Chinese
Status::	Full Capacity
Given Name::	Peng
Middle Name::	
Family Name::	Zhou
Name Suffix::	
City of Residence::	Newtown
State or Province of Residence::	PA
Country of Residence::	USA
Street of mailing address::	44 Susanna Way
City of mailing address::	Newtown
State or Province of mailing	
Address::	Pennslyvania
Country of mailing address::	USA
Postal or Zip Code of mailing	
Address::	18940

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Lincoln
Middle Name::	
Family Name::	Young
Name Suffix::	
City of Residence::	Ithaca
State or Province of Residence::	NY
Country of Residence::	USA
Street of mailing address::	504 Lower Creek Rd.
City of mailing address::	Ithaca
State or Province of mailing	
Address::	New York
Country of mailing address::	USA
Postal or Zip Code of mailing	
Address::	14850